Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15**, **2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1657	
Recipient Name:	CITY OF MONTEBELLO	
Project ID:	CA-90-Y268	
Budget Number:	1 - Budget Pending Approval	
Project Information:	Fare Collection Equipment, Tech Systems	DECENTED

Part 1: Recipient Information

Project Number:	CA-90-Y268	STATE CLEARING HOUSE		
Recipient ID:	1657	Control of the Contro		
Recipient Name:	CITY OF MONTEBELLO			
Address:	400 S. TAYLOR , MONTEBELLO, CA 90640 0000			
Telephone:	(323) 887-4658			
Facsimile:	(323) 887-4643			

Union Information

Recipient ID:	1657
Union Name:	MONTEBELLO BUS OPERATOR ASSOCIATION (MBOA)
Address 1:	1012 W BEVERLY BLVD
Address 2:	
City:	MONTEBELLO, CA 90640
Contact Name:	ART SALAIZ
Telephone:	(323) 722-4194
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,887,000
Project Number:	Number: CA-90-Y268		· , , , , , , , , , , , , , , , , , , ,
	Fare Collection Equipment,	Adjustment Amt:	\$0
Project Description:	Tech Systems	Total Eligible Cost:	\$4,887,000

Recipient Type:	City		
FTA Project Mgr:	Ray Tellis		
Recipient Contact:	Paula Faust 323-887-4658		
New/Amendment:	None Specified		
Amend Reason:	Initial Application		
Fed Dom Asst. #:	20507		
Sec. of Statute:	5307		
State Appl. ID:	None Specified		
Start/End Date:	-		
Recvd. By State:			
EO 12372 Rev:	YES		
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 14, 2003		
Program Page:			
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Total FTA Amt:	\$3,884,400
Total State Amt:	\$0
Total Local Amt:	\$1,002,600
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	30-Jun-2004
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	38	Grace F Napolitano

Project Details

Project Details

Grant application CA-90-Y268 for fiscal year 2004 requests federal funds for several activities. Grant specific items are provided below:

Recipient: The City of Montebello 400 S. Taylor Ave. Montebello, CA 90640 Paula Faust, Grant Administrator

APPLICATION FOR				OMB Approval No. 0)348-004
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		January 13,	2004		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
<u>Application</u>	Preapplication				
X Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				·
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: City of Hanford			City Manager	r Office	
Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involved		s involvi
319 N. Douty Stre			this application (give a	rea code)	
Hanford, Californ	nia 93230		Barbara McC	ırdy Marty (559) 585 – 2582	
Kings County			TVDE OF ADDITION	ANT. (enter engraprieto letter in hex)	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
9 4 — 6 0 0 0	3 4 5		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Lear	rning
Nev	v	Revision	C. Municipal	J. Private University	
-	- Inquied		D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual M. Profit Organization	
A. Increase Award B. Dec	crease Award C. Increas	e Duration	F. Intermunicipal G. Special District	N. Other (Specify)	
	specify):	e Duration	G. Opediai Biotilot	The Girls (opposity)	
D. Decircase Baranon Cinen	opoony).		9. NAME OF FEDER		
				ment of Commerce	
			Economic De	velopment Administration	
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Public V	Works Grant				
IIILE.		tatas atc.):	Access Road	Infrastructure	Market Street of
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			ORDER 12372 P	ROCESS?	
a. Federal	\$	315,000.00		ACCUPATION OF THE PROPERTY OF	
		•		APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	79 , 000 .ºº		E TO THE STATE EXECUTIVE ORDER 123 FOR REVIEW ON:	372
01-1-	Φ.	00			
c. State	\$	•	DATE N	ovember 30, 2001	
d. Local	\$.00			
				AM IS NOT COVERED BY E. O. 12372	
e. Other	\$.00	-	OGRAM HAS NOT BEEN SELECTED BY ST	ATE
			FOR RE	VIEW	
f. Program Income	\$.00	AT 10 THE ADDITION	ANT DELINQUENT ON ANY FEDERAL DEB	T2
g. TOTAL \$		394,000.00			
g. TOTAL	Φ	374,000.	Yes If "Yes,"	attach an explanation.	10
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE	
			HE APPLICANT AND 1	THE APPLICANT WILL COMPLY WITH THE	Ė
ATTACHED ASSURANCES IF				c. Telephone Number	
a. Type Name of Authorized Re Jan E. Reynolds	presentative	b. Title City Manage	er	(559) 585–2516	
d. Signature of Authorized Bepr	esentative /	Jacob Hamage		e. Date Signed	
h. Signature of Authorized Hapi	E / Cum Is				
Previous Edition Usable				Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproducti	ion			Prescribed by OMB Circular A-1	02

Helen May Regan San Diego State University Foundation Address (give city, county, state, and zip code): Name and telephone and E-mail number of the person to be contacted on matters involving	VIC 10 FOOT OILTO	1 K+m K	••)			OMB Approval No. 0348-0093
Type of Subject Description Construction Co	APPLICATION	1 FOR	1			Applicant Identifier	
TYPE OF SUBMISSION Propagation Continuation			Ξ . }	1/14/2004			
Construction Construction A DATE RESIDENCE BY FEDERAL AGRINY Federal Horiflex				3. DATÉ RÉCEIVED BY	STATE	State Applicant Identifier	
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Helen May Regan San Diego State University Soundation San Diego State University San Diego St	5. APPLICANT INFORMATION	ON ISTHIS P	ROPOSAL BEING SU	MITTED TO ANOTHER		YES NO IF YES, LIST ACRONYM	(\$)
Address of give dity, county, state, and zip code): Biology Dept. San Dilego, State University San Dilego, State University San Dilego, CA, \$2182-4614 6. EMPLOYER MONTHINGATION MUMBER, (EA): 8. TYPE OF APPLICATION: New Continuation Revision Revision	Legal Name:					On the University Form	dotion
Biblogy Dept. San Diego State University SSO Campanile Dr SSO Campanile D	Helen May Regan				San Diego	State University Foun	QAUOTI
ADMIN. CONTACT: Flachel Cook (619-594-2511) recook @foundation.edu.udd ADMIN. CONTACT: Flachel Cook (619-594-2511) recook @foundation.edu.udd ADMIN. CONTACT: Flachel Cook (619-594-2511) recook @foundation.edu.udd B. PLOCER CIDENTIFICATION: B. TYPE OF APPLICATION: B. New Condinuation Revision B. New Condinuation Revision B. Decrease Award R. Decrease Award R. Decrease Award R. Independent School Dist. B. Decrease Award R. Decrease Recognition Review R. Decrease Recognition Review R. Decrease Representative R. Decrease Representative R. Decrease Representati	Address (give city, count Biology Dept.	ty, state, and zip o	code);		this application (glv	e area code)	
San Diego, C.A., \$2. To 2-10 14 6. EMPLICARE IDENTIFICATION NUMBER (Bits): 9 5 7 6 0 4 2 7 2 1 1 8. TYPE OF APPLICATION: 10 New Continuation Revision Revision San Country San Content of Higher Learning C. Marcilegial Direct of Higher Learning Direct of Hi	•	-		!	l		
8. TYPE OF APPLICATION:	•				ADMIN. CON	ACT: Rachel Cook (619-594-2	
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e. Other 5 .00 f. Program Income 5 .00 17. IB THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL 5 446,029 .00 Tyes If Yes," attach an explanation. In No. 18. To the Best of My Knowledge and Belief, all data in this application/preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. 2. Typed Name of Authorized Representative b. Tille Interim AVP for Research & Technology c. Data Signed d. Signsture of Authorized Representative c. Data Signed	•		•	b, NO. ∑	PROGRAM IS NOT	COVERED BY E.O. 12372	
e. Other 5 .00 f. Program Income 6 .00 f. Program Income 6 .00 f. Program Income 7 .00 f. Program Income 7 .00 f. Program Income 7 .00 f. Program Income 8 .00 f. Program Income 8 .00 f. Program Income 8 .00 f. Program Income 9 .00 f. Pr	d. Local	\$.00	 	A MATERIAL OF COMPANY OF ATT	5 50\$ 8 5 /15M
f. Program income g. TOTAL \$ 446,029 .DD Yes If Yes," attach an explanation. In the Best of My knowledge and belief, all data in this application/preapplication are true and correct, the document has been buly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a, Typed Name of Authorized Representative Camille Nebeker d. Signsture of Authorized Representative d. Signsture of Authorized Representative c. Data Signed					JUR PROGRAM HA	2 NOT REEN SKIECTED BY 21 WI	= FONTALITY
g. TOTAL \$ 446,029 .DU	e. Other	2		.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Typed Name of Authorized Representative Camille Nobeker D. Title C. Tclophone number 619-594-6622 d. Signsture of Authorized Representative C. Date Signed	f. Program Income	\$.00 17. IS THE APP	LICANT DELINQUENT	ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative D. Title Camille Nobeker D. Title C. Tclephone number 619-594-6622 d. Signsture of Authorized Representative C. Date Signed	a TOTAL	TAL \$ 446 000 DIT 1 Yes			If "Yes," altach ar	explanation.	Nο
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Tille Camille Nebeker d. Signature of Authorized Representative c. Tclephone number 619-594-6622 c. Date Signed				.50	,		
a, Typed Name of Authorized Representative Camille Nebeker b. Tille Interim AVP for Research & Technology c. Tclephone number 619-594-6622 c. Date Signed	10. TO THE BEST OF MY	Y KNOWLEDGE AN	D BELIEF, ALL DATA	IN THIS APPLICATION	PREAPPLICATION ARE	TRUE AND CORRECT, THE DOCUMENT ATTACHED ASSURANCES IF THE ASS	IT HAS BEEN DULY ISTANCE IS AWARDED.
Camille Nebeker Interim AVP for Research & Technology 619-594-6622 d. Signature of Authorized Representative c. Data Signed				THE PLEASE WATER	b. Tille		c. Telephone number
d. Signature of Authorized Representative	Camille Nebeker				Interim AVP for	Research & Technology	
1/12/04	d. Signature of Author	dzed Represeniai	ivo \				c. Date signed
	/ /	111	· XLI	57 Ken			11/12/04

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED January 8		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	I EDERAL AGENOT	T Guerral Tuerralier
5. APPLICANT INFORMATION				
Legal Name: City of Willows			Organizational Unit:	
				number of person to be contacted on matters involvin
201 North Lassen			this application (give a Mike Mistrot.	rea code) City Manager - (530) 934-7041
Willows, CA 95988				city manager (cory or reserve
6. EMPLOYER IDENTIFICATION 9 4 - 6 0 0 0			7. TYPE OF APPLICA A. State	ANT: (enter appropriate letter in box) C H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropriate lett	er(s) in hox(es)		D. Township E. Interstate	L. Individual
The vision, enter appropriate retain	SI(0) III SOX(00)		F. Intermunicipal	M. Profit Organization
7.11.11.01.00.00.00.00.00.00.00.00.00.00.	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	AL AGENCY:
			USDA RUS	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		10-760	City of Willows V	Vastewater Treatment Plant
TITLE Metar and M	Veeta Dianasal Laan a		Improvements	
12. AREAS AFFECTED BY PRO	Vaste Disposal Loan a			
City of Willows		,,		
	T			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
1/4/05 3/3/06	City of \	Willows		ter Treatment Plant Improvements I SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PI	
a. Federal	\$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
		7,500,000		
b. Applicant	\$.00		
c. State	\$.00	DATE	01/08/04
d. Local	\$.00	T	ALLIO NOT COVERED BY E. O. 40070
e. Other	\$.00	_	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
f. Donas da como	\$	00	FOR RE	VIEW
f. Program Income	Þ	•	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 7,500,000		Yes If "Yes," attach an explanation.		
				TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				To Tolonkova Musekan
a. Type Name of Authorized Representative Mike Mistrot b. Title Gity Manager			T .	c. Telephone Number (530) 934-7041
d. Signature of Authorized Representative			W Li	e. Date Signed
Previous Edition Usable		HM	1 2 2004	Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	Authorized for Local Reproduction			Prescribed by OMB Circular A-102
		CTATE CIE	ARING HOUSE	
		I STATE OFE	MINING HUDDE	·

APPLICATION FOR		2. DATE SUBMITTED	Applicant Identifier				
FEDERAL ASSISTANCE		12/29/2003	CA-37-X056				
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVED	State Application Identifier			
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
XX Non-construction	Non-Construction						
Legal Name:			Organizational Unit:	CA-37-X056			
-	Transportation Autho	rity	Organizational Unit:				
(SCVTA)	r	,					
5. APPLICANT INFORMATIO	N						
Address(give city, county, state,	-		Name and telephone number of the person to be commatters involving this application (give area code)	tacted on JAN 12 2			
3331 North First Stro San Jose, CA 95134	eet, Blug. B		Maria Marinos, Senior Transportatio	n Planner			
-	PIONINUMBED (PIN).		408-321-5773 7. TYPE OF APPLICANT: (enter appropriate letter	r in box) G STATE CLEARING			
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):			And the same of th			
94	-2186907		A. State H. Independent School D B. County I. State Controlled Instit	ist. tution of Higher Learning			
8. TYPE OF APPLICATION:			C. Municipal J. Private University D. Township K. Indian Tribe				
XX New Continua	ation Revision		E. Interstate L. Individual F. Intermunicipal M. Profit Organization				
			G. Special District N. Other (Specify)	_			
If Revision, enter appropriate I A. Increase Award B. De	etter(s) in box(es): ecrease Award C. Increase	Duration	9. NAME OF FEDERAL AGENCY:				
D. Decrease Duration Othe	r (specify)		Federal Transit Administration,	Federal Transit Administration, Region IX, San Francisco, CA			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUI	IBER:	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT				
	20-516		SANTA CLARA VALLEY TRANSPORTATION AUTHORITY				
	20-510		FY 2003 FTA SECTION 3037 JOB A COMMUTE PROGRAM (CA-37-X0	l l			
TITLE: JOB ACCESS REVER	SE COMMUTE		(411 27 22 22 22 22 22 22 22 22 22 22 22 22				
12. AREAS AFFECTED BY PI	ROJECT (cities, countries, states,	etc.)	1				
Santa Clara County							
13. PROPOSED PROJECT	14. CONGRESSIONAL DIST	RICTS OF:					
Start Date	Ending Date	a. Ap	plicant	b. Project			
7/1/03	7/1/04	13, 14,	15, 16	13, 14, 15, 16			
15. ESTIMATED FUNDING		16. IS A	PPLICATION SUBJECT TO REVIEW BY STATE EXEC	UTIVE ORDER 12372 PROCESS?			
a. Federal	\$495,3	35 a. Y	ES, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FOR				
b. Applicant	\$		DATE 4/26/02				
c. State	•						
	\$	b. N	PROGRAM IS NOT COVERED BY E.Q. 1	23/2			
d. Local	\$ 495,3	35	OR PROGRAM HAS NOT BEEN SELECT.	ED BY STATE FOR REVIEW			
e. Other \$ 17. IS TH			HE APPLICANT DELINQUENT ON ANY FEDERAL DE	BT?			
f. Program Income	\$						
g. TOTAL	\$ 990,6	70	Yes If "Yes," attach an explanation	X No			
10 TO THE KNOT OF 100 VALUE	CR AND DELIFE AVE. D. T. T. T.	DDI ICATIONA	CARRILICATION ARE TRUE IND CORRECT WITH NOOTH	AS DEEN NIII V AITHODIZEN DV THE			
GOVERNING BODY OF THE APP	LICANT AND THE APPLICANT WILL	OMPLY WITH T	EAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT H HE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDE				
A. Typed Name of Authorized R PETER M. CIPOLLA	<i>!</i>		ANAGER	408-321-5773			
d. Signature of Authorized Repr	resentative	11		e. Date Signed			
Fin	M. C.	ud/h	- •	106/04			
Previous Editions Not Usable	,			Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102			

·						`		MB Approval No. 0348-0043
APPLICATIO	ON FOR			2. DATE SUBMIT	ΈD	Applie	cant Identifier	
FEDERAL A	SSISTA	NCE						
1. TYPE OF SUBMISSION:				3. DATE RECEIVE	D BY STATE	State	Application Ident	ifier
Application	Preapplicat							
☐ Construction	☐ Constru	ction		4. DATE RECEIVE	D BY FEDERAL AGENC	Y Fede	ral Identifier	
☑ Non-Construction ☑ Non-Construction								
5. APPLICANT INFO	DRMATION							
Legal Name:					Organizational U			
Glenn County		ı			Public Worl	KS		
Address (give city, coun		,			Name and teleph this application (e person to be	contracted on matters involving
P.O. Box 1070/77 Willows, CA 9598		iusa Stree	τ		Douglas Hol			
Willows, CA 7570	,				530-934-653	0		
EMPLOYER IDENTIFIC	ATION NUMBE	R (EIN):			7. TYPE OF AP	PLICANT: (enter	appropriate le	tter in box)
9 4 –	6 0	0	0 6	0 1	A. State	H. Ir	nterdependent	School District
<u> </u>		Ľ L	ت ت	ت ت	B. County C. Municipal		tate Controlled rivate Universit	Institution of Higher Learning
8. TYPE OF APPLICAT	TION:				D. Township	K. In	dian Tribe	.j
⊠ Ne	D.c.	ntinuation	Прані	nia n	E. Interstate F. Intermunicipa	ıl M.Pr	dividual ofit Organizatio	on
			Revi	sion	G. Special Distr	ict N. O	ther (Specify)	
If Revision, enter approp								
A Increase Award D Decrease Duration	B Decrea on Other (spe		C Incre	ase Duration				
						DERAL AGENCY		
					rederal Avi	ation Admini	istration	
10. CATALOG OF FEDERA	AL DOMESTIC			,	11 DESCRIPTIV	'E TITLE OF APPI	ICANT'S PRO	IECT:
ASSISTANCE NUMBER		2 0	1 1	0 6				coment for Oyland
TITLE: Airport Improve	ement L].[二		Airport		llnl <u>-</u> 5	<u> </u>
Program (AIP) 12. AREAS AFFECTED	BY PROJECT	(cities, count	ties, states,	etc.):			1131	
County, city and	state			•				JAN 12 2004
13. PROPOSED PROJEC			·	DISTRICTS OF		I L Di.		ALEXADIA HALICE
	Ending Date ec 31 2006	a. Applicant 3rd				b. Project 3rd	STAIL	CLEARING HOUSE
15. ESTIMATED FUNDI	NC			16 IC ADDITION	SUBJECT TO REVIE	W DV CTATE EV	ECUTIVE ORD	ED 12272 DDOOESS
a. Federal	\$	300,000	•	a. YES, TH	IS PREAPPLICATION	/APPLICATION W	AS MADE AV	AILABLE TO THE
b. Applicant	\$	30,000	•	ST	ATE EXECUTIVE ORI	DER 12372 PROCE	ESS FOR REVI	EW ON
c. State	\$		•	D.A	TE:			
d. Local	\$		•	b. NO	PROGRAM IS NOT	COVERED BY E.	O. 12372	
e. Other	\$		•		OR PROGRAM HAS	S NOT BEEN SELI	ECTED BY STA	ATE FOR REVIEW
f. Program income	\$		•	17. IS THE APPLICA	NT DELINQUENT ON	N ANY FEDERAL	DEBT?	
g. TOTAL	\$	330,000	•	Yes If yes	, attach an explanation		⊠ N	ס
								IT HAS BEEN DULY ANCES IF THE ASSISTANCE IS
AWARDED a. Typed Name of Auth	orized Represe	ntative	b. Title					c. Telephone number
Douglas Holvik				Works Director				530-934-6530
d. Signature of Authoriz	zed Representa	tive						e. Date Signed

<u>'</u>							O	MB Approval No. 0348-0043
APPLICATIO	N FOR			2. DATE SUBMITTED)		Applicant Identifier	
FEDERAL AS	SSISTA	NCE						
1. TYPE OF		***************************************		3. DATE RECEIVED	BY STATE		State Application Identif	fier
SUBMISSION: Application	Preapplicat	ion						
☐ Construction	☐ Constru			A DATE BEOENCE	DV FEDERAL A OFAIO		F-dUd	
☑ Non-Construction ☑ Non-Construction					BY FEDERAL AGENC	, Y	Federal Identifier	
5. APPLICANT INFO	RMATION			L				
Legal Name:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organizational U Public Work			
Glenn County					Public Work	(S		
Address (give city, count		,			Name and teleph this application (g			contracted on matters involving
P.O. Box 1070/777 Willows, CA 9598		iusa Stree	t		Douglas Hol	-	oue)	
Willows, CA 9390	0				530-934-653			
EMPLOYER IDENTIFICA	ATION NUMBE	R (FIN)			7 TYPE OF API	PLICANT:	(enter appropriate lett	er in hox)
						2.07	, .	, D
9 4 -	6 0	0	0 6	0 1	A. State B. County			Institution of Higher Learning
					C. Municipal D. Township		J. Private University K. Indian Tribe	1
8. TYPE OF APPLICAT	IUN:				E. Interstate F. Intermunicipa		L. Individual	•
⊠ Ne	w 🗌 Co	ntinuation	Revi	sion	G. Special Distri		M. Profit OrganizationN. Other (Specify)	
If Revision, enter approp	riate letter(s) in	box(es):					(,	
A Increase Award	B Decrea	se Award	C Incre	ease Duration	,			
D Decrease Duration			0 111070	ade Baration				
					9. NAME OF FE Federal Avia			
					Federal Avia	ation Au	ministi ation	
10. CATALOG OF FEDERA	I DOMESTIC				11 DESCRIPTIV	E TITLE OF	APPLICANT'S PROJ	ECT:
ASSISTANCE NUMBER	-	2 6	1 1					ument for the Willows
TITLE: Airport Improve	ment L	2 0	J·Ľ	0 6	Airport		EGE [V E D
Program (AIP) 12. AREAS AFFECTED	BY PROJECT	(cities coun	ies states	etc.).	1	1101		
County, city and s		(0.000) 000	,00, 0,0,0,	 ,		llns		
							JAN 12	2004
13. PROPOSED PROJEC	Т			DISTRICTS OF				
	ending Date c 31 2005	a. Applicant 3rd				b. Project	ege par de la prop a para l	
2003	C 31 2003	Jiu				3 5 7	ATE CLEAR!	NG HOUSE
15. ESTIMATED FUNDIN	NG			16. IS APPLICATION S	UBJECT TO REVIE	W BY STAT	E EXECUTIVE ORDE	R 12372 PROCESS
a. Federal	\$	300,000	-				ION WAS MADE AVA	
b. Applicant	\$	30,000	•				TO SEE TO THE TE	,, 011
c. State	\$		•	DATE	l:			
d. Local	\$		•	b. NO	PROGRAM IS NOT	COVERED	BY E. O. 12372	
e. Other	s		•		OR PROGRAM HAS	NOT BEEN	SELECTED BY STA	TE FOR REVIEW
f. Program income	\$.1	•	17. IS THE APPLICANT	DELINQUENT ON	ANY FEDE	ERAL DEBT?	A second
g. TOTAL	\$	330,000		Yes If yes, at	tach an explanation		No No	
18. TO THE BEST OF M	MY KNOWLED	GE AND BEL	IEF, ALL D	L ATA IN THIS APPLICAT	ION ARE TRUE AN	ID CORREC	CT, THE DOCUMENT	HAS BEEN DULY
AWARDED				AND THE APPLICAN	WILL COMPLY V	viid iHE/	ATTACHED ASSURA	NCES IF THE ASSISTANCE IS
a. Typed Name of Autho Douglas Holvik	orized Represe	ntative	b. Title Public	Works Director				c. Telephone number
d. Signature of Authoriz	ed Representat	ive	1 ubiic	WOLKS DILECTOR				530-934-6530 e. Date Signed
								-

Version 7/03

PPLICATION FOR	:	2. DATE SUBMITTED		Applicant Ident	lfier
EDERAL ASSISTANCE		January 9, 2004 3. DATE RECEIVED BY	YSTATE	State Application	on Identifier
Application	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifi	er
Construction	Construction	4. DATE RECEIVED D			
Non-Construction	Non-Construction				
S. APPLICANT INFORMATION	1		Organizational Unit	h	
Legal Name:	P A F	OW B M	Department: DEPARTMENT OF		LATIONS
STATE OF CALIFORNIA	DEGE	UV 5 INH			
Organizational DUNS:		The second secon	Name and telephor	e number of per	rson to be contacted on matters
Address:	HHH JAN	9 2004	involving this appl	cation (give are:	a code)
Street: 1367 E. Lassen Avc., Sulte B-			Prefix: Mr.	First Name: Stephen	
Chr		and the second s	Middle Name Charles		
Chico	CLAT SALES OF LAV	DING HOUSE -			
County: Butte	1 1 1 1 1 box 1 1 box 1	and produces a security of the appropriate transformation and the security contains a security and a	Last Name Hart		
State: CA	Zip Code 95973	_	Suffix:		
Country: United States			Email: SHart@dir.ca.gov		•
United States 6. EMPLOYER IDENTIFICAT	ON NUMBER (FIN)		Phone Number (give	area code)	Fax Number (give area code)
			(530) 895-6938		(530) 895-6941
94-600134 8. TYPE OF APPLICATION:	7	·	1,	CANT: (See bac	ck of form for Application Types)
8. TYPE OF APPLICATION:	lew 🖺 Continua	ition E Revision	(A) State		,
If Revision, enter appropriate	etter(s) in box(es)	ma Northieff			
(See back of form for descript)	on of letters.)		Other (specify)		
Other (specify)		<u>.</u>	9. NAME OF FEDE US Dept. of Labor,	RAL AGENCY: MSHA	
10. CATALOG OF FEDERA	L DOMESTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program): MINE SAFETY AND HEALT(12. AREAS AFFECTED BY I Statewide		1 7 -6 0 0 0 nties, States, etc.):			safety & health training with small mine specific subjects.
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/1/03	9/30/04				
15. ESTIMATED FUNDING:			ORDER 12372 PR		REVIEW BY STATE EXECUTIVE
a. Federal	\$	325,801	2 Yes THISE	PREAPPLICATIO	N/APPLICATION WAS MADE
b. Applicant	\$	w	AVAIL	ABLE TO THE S ESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON
c. State	\$	220,211 w	DATE		
		,			
d. Local	\$, , , , , , , , , , , , , , , , , , , ,	b. No. III PROG	RAM IS NOT CO	VERED BY E. O. 12372
e, Other	\$.00		ROGRAM HAS NO REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	s	ÜÜ			ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	546,012	☐ Yes If "Yes" att	ach an explanatio	on. 🗷 No
	LY AUTHORIZED BY T	IEF, ALL DATA IN THIS . THE GOVERNING BODY			TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a Authorized Representative			h . · ·	dia Nicos	
Prefix Mr.	First Name Stephen		Mid 	dle Name arles	
Last Name Hart			Suff		
b. Title Principal Engineer		1.		elephone Numbe 0) 895-6938	r (give area code)
d. Signature of Authorized Re	presentative	1	e. C	ete Signed /04	
- Justin	soiles to	4	179	104	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

						OMB Approval No. 0348-0040
APPLICATIO FEDERAL AS			2 DATE SUBMITTED December 18	3, 2003	Applicant Identifier	A.
TYPE OF SUBMIS Application		aplication	3. DATE RECEIVED BY N/A	STATE	State Applicant Identifier	'A
Construction	[] c	onstruction	A. DATE RECEIVED BY		Federal Identifier	
Non-Constructi Non-	ion 🔲 No	วก-Construction	Pecember 19	9, 2003	N/	'A
5. APPLICANT INFO	RMATION	· ()	12 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×			
Legal Name: Los An				Organizational Unit:		
Address (give city, co		COMMUNICATION PRINT CO.	E 0 00 E	Name and telephone application (give are	e number of person to be contacted ea code)	d on matters involving this
	ona Boulevard Park, CA 91754				t N. Sedita, Comma	ander
			v 9 2004	Phone (562)	466-52677	
6. EMPLOYER IDEN	TIFICATION NUME			7. TYPE OF APPLI	CANT: (enter appropriate letter	in box) B
	956000927	07477		A. State	H. Independent School	Dist.
A 77/05 05 150 16		SIAIECL	EARING HO			tilution of Higher Learning
8. TYPE OF APPLICA	ATION:			D. Township	J. Private University K. Indian Tribe	
	New	() Continuation	[] Revision	E. Interstate	L. Individual	
M.D. datas			r**1	F. Intermunicipa G. Special Distr		
If Revision, enter app. A. Increase Award	• • • •	Non-violation and	Increase Duration	G. Special Disc	- Tel Onie (Openiy)	
D. Decrease Dura				9. NAME OF FEDE	RAL AGENCY:	
					Department of Justic	:e
-			parameter of the No. of the second second second second	Office	e of Community Oriented Pol	licing Services
10. CATALOG OF F	EDERAL DOMEST	IC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	CT:
	[1 6	7 4 6			
TITLE: 2007 T.		° \			es Regional Tec	
TITLE: 2003 Tec			r 1*	Training	Center (LARTTC)	•
Los Angele						
13. PROPOSED PRO	OJECT:	14. CONGRESS	SIONAL DISTRICTS OF			
Start Date	Ending Date	a. Applicant		b. Project		
2/20/2003	2/19/2004	24-39 a	nd 41	24-39	and 41	
15. ESTIMATED FUI	NDING:	and a series of the series of			CATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal	5		1987000,00	ORDER 13	1372 PROCESS?	
		18 Africa (September 1984) Williams	Nagangan ara P		IIS PREAPPLICATION/APPLICAT	
b. Applicant	\$.00.		VAILABLE TO THESTATE EXECU ROCESS FOR REVIEW ON:	ITIVE ORDER 12372
c. State	\$	Α	.00		ATE December 19,	2003
d. Local	, s		.00.	₩ NO Ç	PROGRAM IS NOT COVERE	D BY E.O. 12372
e. Other	s	Augustinia de la constitución de	.00.	· 0	OR PROGRAM HAS NOT BEI	EN SELECTED BY STATE
f. Program Income	s		.00.		PPLICANT DELINQUENT ON ANY	VEEDERAL DERT?
g. TOTAL	s	1,9	87,000 .00		If "Yes," attach an explanation.	
18. TO THE BEST OF M	MY KNOWLEDGE AND	BELIEF, ALL DATA	IN THIS APPLICATION/PR	EAPPLICATION ARE TR	UE AND CORRECT. THE DOCUMENT	T HAS BEEN DULY AUTHORIZED
a. Typed Name of Au LEROY D. B	oby of the Applic uthorized Represent	ANT AND THE APPL	b. Tide	RIFF	JRANCES IF THE ASSISTANCE IS AW	c. Telephone number (:323) 526–5000
d. Signature of Author		/e /	agrant de de la company de la			e. Date Signed
		1000	000			12/03/03
		un The	no of the Comment			1 OMS Giegulas A 10

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Applicati Federal A	on for sssitance				1/07/0 4	AI		
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Application		Preapplicati	ion	4. DATE	RECIEVED BY	F1		
Construction	on .	Const	ruction	FEDERA	J AGENCY			
Non Constr		Non-(Construction					
5. APPIICANT IN	FORMATION							
legal Name:	ready Ja	umes .	Buckman		tional Unit:			
ADDRESS (give c	ity, county, state, a	nd zip code)	Sterling Point Ap	Name an	d telephone numberof the p rs involving this applicatio	erson		
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	on, Orego			7. Type o	of Applicant! (enter appropr	irte l		
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8. Type of Applica	ation:			9. Name	of Federal Agency			
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NEW	Continuati	on _	Revision					
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If Revision, ente	r appropriate lette	r(s) in norte:	'' Ц Ц					
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D. Decrease Dur	_	pecify		Title	: :			
	mestic Assi							
11. Descriptive T	itle of Applicant's F	roject Sin	ale Male, unemple	oved 12. Area	s Affected by Project (cities	, coun		
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7.07.		1						
13. Proposed Proj	ject:			14. Cong	ressional Districts Of:			
Start Date	Ending Date	a. Applic	ant		b. Project			
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a. Federal	\$ 25,00) <u>()</u>		a. ILD	State Executive Order 12	972 PF		
b. Applicant	\$ 25,0	00			DATE			
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(%	TO KE S LING TO	NOV	PXVVVVVV	IIC				

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED **FEDERAL ASSISTANCE** Applicant Identifier January 8, 2004 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier <u>Application</u> Preapplication Construction ✓ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: City of Willows Address (give city, county, State, and zip Name and telephone number of person to be contacted on matters involving code). 201 North Lassen this application (give area code) Mike Mistrot, City Manager - (530) 934-7041 Willows, CA 95988 8 2004 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 4 5 6 С A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA - RUS 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 0 7 6 0 City of Willows Wastewater Treatment Plant Improvements TITLE: Water and Waste Disposal Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Willows 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date b. Project a. Applicant 1/4/05 3/3/06 City of Willows Wastewater Treatment Plant Improvements 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ 7,500,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State oc 01/08/04 DATE d. Local \$ 00 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other 00 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 7,500,000 √ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Mike Mistrot	b. Title City Manager	c. Telephone Number (530) 934-7041
d. Signature of Authorized Representative		e. Date Signer

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

p.2

PLICATION FOR	^F	2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTANCE		December	r 15, 2003		
		3. DATE RECEIVED B	Y STATE	State Application Identifier	
YPE OF SUBMISSION:		1		4000	
ADDITION OF THE PROPERTY OF TH	reapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Construction	Non-Construction	gr			
Non-Construction APPLICANT INFORMATION	Horrisonia		Organizational Unit:		
and Diagrams					
acific Senior Housing	, Inc.		Name and telephone	number of person to be con	tacted on matters involving
dress (give city, county, Sizte, a	ana zip çade):		this application (give a	area code)	-8806
0412 SE 82'd Ave., F	Portland, Oregon	97266		ave pliny 505 700	
	THE STATE OF THE S		7. TYPE OF APPLIC	ANT: (enter appropriate lett	N N
EMPLOYER IDENTIFICATION	NUMBER (EIN):				114.
3 4	9 2 5		A. State B. County	H. Independent School D I. State Controlled Institut	ion of Higher Learning
TYPE OF APPLICATION:		Revision	C. Municipal	J. Private University	
☑ New	☐ Continuation	[_] Revision	D. Township	K. Indian Tribe L. Individual	
Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	n Omanization	
Revision, eriter appropriate lette			F. Intermunicipal G. Special District		Non-profit
A. Increase Award B. Dec	rease Award C. Incres	ase Duration	G. opadiai pialiidi		
D. Decrease Duration Other(specify):		9. NAME OF FEDER	RAL AGENCY:	
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0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S P	a continuon
G. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	10-76	6 Purchase exist	ing 56 unit assisted liv	ing facility and
		10-10			
TITLE:			to provide affor	rdable assisted living p	Loled an Gadagi A
2. AREAS AFFECTED BY PR	OJECT (Cities, Countles,	States, etc.):	County		
		•			JAN 7 200
Grass Valley, Nevada Co	Junty, OA				
3. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:	b. Project		STATE CLEARING H
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15. ESTIMATED FUNDING:			16. IS APPLICATION	ON SUBJECT TO REVIEW	BY STATE EXECUTIVE
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PPLICATIO	N FOR		2. DATE SUBM	MITTED	Applicant to	dentifier
FEDERAL AS	DERAL ASSISTANCE			12/2/03		-2
. TYPE OF			3. DATE RECE	EIVED BY STATE		cation Identifier
SUBMISSION: Application	Preapplication	n				1
☑ Construction	☐ Construc		(DATE DECC	50 50 5V 550504 405V0V	Federal Ide	polifor
☐ Non-Construction	☐ Non-Cor	struction	4. DATE RECE	EIVED BY FEDERAL AGENCY	receration	enunes
5. APPLICANT INFO	RMATION					
Legal Name:				Organizational Un		
City of River				1	Municipal	
Address (give city, county		code)		Name and telephone this application (gi		rson to be contracted on matters involving
6951 Flight F						
Riverside, CA				John J. S		
Riverside Cou	ınty			(909) 351	-6113	
EMPLOYER IDENTIFICA	ATION NUMBE	R (EIN):		7. TYPE OF APP	LICANT: (enter app	ropriate letter in box)
				A. State		dependent School District
9 5 -	6 0	0 0	7 6 9	B. County C. Municipal		Controlled Institution of Higher Learning e University
8. TYPE OF APPLICATI	ON.		After Two parts of the Control of th	D. Township	K. Indian	Tribe
U. THEOLAITECAN				E. Interstate F. Intermunicipal	L. Individ M. Profit	lual Organization
Nev	v L Co	ntinuation	Revision	G. Special Distric		· ·
If Revision, enter approp	riate letter(s) in	box(es):				
A Increase Award	B Decrea	se Award C	Increase Duration			
D Decrease Duration	n Other (spe	ecify)		O NAME OF FE	DERAL AGENCY	
				9. NAME OF FE	DERAL AGENCT	
				Federal	Aviation Ad	dministration
10. CATALOG OF FEDERA	LDOMESTIC			11. DESCRIPTIV	VE TITLE OF APPLIC	CANT'S PROJECT:
ASSISTANCE NUMBER	Г	2 0.				overlay for the main
TITLE: Airport Improve	_{ement} L				427, at Riv	And the second s
Program (AIP) 12. AREAS AFFECTED	BY PROJECT	(cities counties s	tales etc.):		.,,	MECEIVED
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City and Cour	ntry of	Riverside				JAN 6 2004
13. PROPOSED PROJ			IONAL DISTRICTS OF			
Start Date E	Ending Date	a. Applicant			b. Project	STATE CLEARING HOUSE
12/04	3/05	43rd			43rd	S. A. Consideration of the Constant of the Con
15. ESTIMATED FUND a. Federal	ING \$		- VEC	ATION SUBJECT TO REV	IEW BY STATE EXE	CUTIVE ORDER 12372 PROCESS IS MADE AVAILABLE TO THE
		774,000 0	0 a. 123,	STATE EXECUTIVE OF	RDER 12372 PROCE	SS FOR REVIEW ON
b. Applicant	\$	47,300 0	0			
c. State	\$	38,700 °C	0	DATE:		
d. Local	\$		b. NO	PROGRAM IS NO	T COVERED BY E.	O. 12372
e. Other	\$	•		OR PROGRAM H	AS NOT BEEN SELE	ECTED BY STATE FOR REVIEW
f. Program income	\$		17. IS THE AP	PLICANT DELINQUENT (ON ANY FEDERAL D	PEBT?
g. TOTAL	\$	860,000 0	Yes	If yes, attach an explana	tion	☐ No
18. TO THE BEST OF	MY KNOWLE	OGE AND BELIEF.	ALL DATA IN THIS AF	PPLICATION ARE TRUE A	ND CORRECT, THE	DOCUMENT HAS BEEN DULY IED ASSURANCES IF THE ASSISTANCE IS
AWARDED				TEIONIVI WILL COMPLY	WHITE ATTACE	
a. Typed Name of Aut George A. Ca		entative b.	Title City Manager			c. Telephone number (909) 826-5761
d. Signature of Author		ative				e. Date Signed
1						

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	E (SF 424)			2. DATE SUBMITTED	Applicant Identifier			
TYPE OF SUBMISSI				January 6, 2004 3. DATE RECEIVED BY STATE	State Application Identifier			
Application Construction X Non-Construction		Preapplication Construction Non-Construc	etion	December 31, 2003 4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORMA	ATION							
Legal Name STATE OF CALIFORNIA				Organizational Unit: OFFICE OF HISTO	RIC PRESERVATION			
Address (give city, county, state, and zip code): P.O. BOX 942896 SACRAMENTO, CA 94296-0001 (Sacramento County) 6400 -06 -067			Name and telephone number of the person to be contacted on matters involving this application (give area code) DR. W. KNOX MELLON, State Historic Preservation Officer (916) 653-6624					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): _94_ ■ _6001347				9. NAME OF FEDERAL AGENCY: National Park Service (1443))			
	n Revision	es below		B. Bounty 1 I. State C C Multiplial J. Private D. Township K. Indian L. Individed Interpretate L. Individed Interpretate L. Individed Interpretation Interpr	endent School District ontrolled Institution of Higher Learning University Tribe dual Organization			
10.CATALOG OF FEDER	RAL DOMESTIC		CONTRACTOR OF THE PROPERTY.	11. DESCRIPTIVE TITLE OF APPLIC				
<u>1</u> <u>5</u> - <u>9</u> <u>0</u> TITLE: <u>HISTORIC</u>	4			ANNUAL APPLICATION FOR FEDERAL FY 04 (60/40) FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIRMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF				
12. AREAS AFFECTED STATEWIDE	BY PROJECT (ci	ties, counties, states, etc	÷.):	HISTORIC PROPERTIÉS STATWIDE				
13. PROPOSED PROJEC	OT:	14. CONGRESSIC	NAL DISTRICT	OF:				
	Ending Date 09/30/04	a. Applicant STATE OF CALIF		b. Project SEE # 11 ABOVE.				
15. ESTIMATED FUND	ING:			CATION SUBJECT TO REVIEW BY STA				
a. Federal	\$973,596		a. YES.	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
b. Applicant	\$.00		DAT	E <u>01-06-07 </u>				
c. State	\$674,047		b. NO	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
d. Local	\$95,600							
e. Other	\$.10,000							
f. Program Income	\$.00			PPLICANT DELINQUENT ON ANY FE	DERAL DEBT?			
g. TOTAL	\$		X No	If "Yes'" attach an explanation.		L. Ethe applicant and the		
18. To the best of my k applicant will com	nowledge and bel ply with the attacl	ief, all data in this applied assurances if the ass	cation/preapplicati istance is awarded	on are true and correct, the document has b		c. Telephone Number		
a. Typed Name of Au	thorized Represen	itative DR. KN0	OX MELLON	b. Title STA OFFICER	TE HISTORIC PRESERVATION	(916) 653-6624		
d. Signature of Authoriz	zed Representative		M El	lon 1/5,	104	e. Date Signed 2/19/03		
Previous Editions Not Usal	ble	Authorized for Local I			Standard Form 424 (REV 4-88)Pres	cribed by OMB Circular A-102		

APPLICATION FOR				OMB APAR	OVAL NO
PEDERAL ASSITANCE	FATE CLEARING!	2- D47 E	SUBMITTED /	APPLICAINT IDENTIFIER	032
1. TYPE OF SUBMISSION:	I I I from "the from I be the in the in-	3. DATE RE	13/29/0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A TOP
<u>Application</u>	Preapplication	O. BAIL RE	PEIVED BY STATE	State Application Identifier	
Construction	Construction	4. DATE RE	CEIVED BY FEDERAL AGENC	V Foderally at 5	
Non-Construction	Non-Construction		PERIOD OF FEDERAL AGENC	Y Federal Identifier UEPT OF COMMERCE 11.80.	3
APPLICANT INFORMATIO)N			MEPLOF ONMERCE	
egal Name:		E/	7 Organizational Unit		
SOHN FIL	OYLE-UCLAN	Lecro (A	LUSES OCEAN	ECHO CRUISES LL	Ç
duress (give city, county, Sta	ate, and zip code): 1/FNTa		A Name and telephor	e number of names to be as about	
/	\mathcal{A}	# 2	Aczora this application (give	area code) /	1
5455 NOR	HUMD COURT.	1/03	0208 JOHN F. 1	DOYLE-1EL. NO. (805) 642-	3462
EMPLOYER IDENTIFICATI		<u> </u>	00.77	/*	
1-11	517(72)		7. TYPE OF APPLI	CANT: (enter appropriate letter in box)	
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TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.	1
⊠n	ew Continuation	Пр		I. State Controlled Institution of Higher Lear	ning
•		Revis	D. Township	J. Private University K. Indian Tribe	1
Revision, enter appropriate le	etter(s) in box(es)	į !	E. Interstate	K Indian Fribe L. Individual	
N. January and A. C. S.	· *	l	F. Intermunicipal	M. Profit Organization	1
	ecrease Award C. Increase	Duration	G. Special District	N. Other (Specify)	1
Decrease Duration Othe	r(specify):				.
			9. NAME OF FEDER	RAL AGENCY: MINERALY BUSSIN	11/65
		***************************************	UEUEOFEX	IENI HYENCY-DEPTOF	
A . M			Cor	MMERCE	1
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APEAS ASSESSED BY DO	SUSSINESS QUNEAS	SHIT		1 6 SAN SIMION (AL)	~
AILLAS AFFECTED BY PR	OJECT (Cities, Counties, State	s, alc.)	KANTO SEE A	APPENDED EXPLANATION	1
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PROPOSED PROJECT	ARACNTY/MONTER		1/25		l
CEAN CRIM SE(3)	14. CONGRESSIONAL DIST	RICTS OF:	237 24 Th		
rt,Date , Ending Date	a. Applicant	1 (1)·			
20/04	JOHN FO	DOVLE	b. Project	/COASTAL CRUISE(S)	
ESTIMATED FUNDING:			OCEAN	*	
			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTI	IVE
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pplicant	9	(%)	(a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE	1
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pe Name of Authorized Repo		Title /	$\overline{\mathcal{D}}$	r Talaghana Nuget	
JOHN F.	DOXE 1	MICET		c. Telephone Number (805) 642 - 34/7	
nature of Authorized Repres	entative		, , , , , , , , , , , , , , , , , , ,	(803) 642, 3 466	
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				Prescribed by OMB Circular A-102	





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

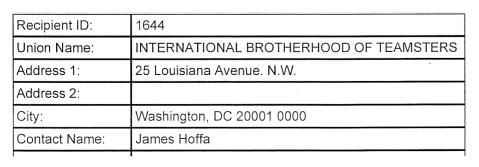
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y252
Budget Number:	1 - Budget Pending Approval
Project Information:	11 Buses, UFS

Part 1: Recipient Information

Project Number:	CA-90-Y252
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	(213) 251-4565
Facsimile:	(213) 251-4566





Telephone:	(202) 624-6800	
Facsimile:	(202) 624-8106	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
	(0.40) 000 0.400
Telephone:	(216) 228-9400

Part 2: Project Information

Project Type:	Grant	
Project Number:	CA-90-Y252	
Project Description:	11 Buses, UFS	
Recipient Type:	City	
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	
Recipient Contact:	John Fong (213) 580-5417	
New/Amendment:	None Specified	
Amend Reason:	Initial Application	
Fed Dom Asst. #:	20507	
Sec. of Statute:	5307	
State Appl. ID:	None specified	
Start/End Date:	Oct. 06, 2003 - Dec. 31, 2006	
Recvd. By State:		
EO 12372 Rev:	YES	
Review Date:	None Specified	
Planning Grant?:	NO	

Gross Project Cost:	\$5,973,000
Adjustment Amt:	\$0
Total Eligible Cost:	\$5,973,000
Total FTA Amt:	\$5,043,996
Total State Amt:	\$0
Total Local Amt:	\$929,004
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt	

Program Date (STIP/UPWP/FTA	Sep. 16, 2003	Authority?:	No
Prm Plan):		Final Budget?:	No
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name	
60020	LOS ANGELESLONG BEACHSANTA ANA, CA	

Congressional Districts

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L [*] Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	31	Xavier Becerra
6	28	Howard L Berman
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	39	Linda T Sanchez
6	46	Dana Rohrabacher

Project Details

DOL APPLICATION CHECKLIST

In order to certify appropriate employee protections, DOL must have a precise understanding of the project activities, budget line items, and the identity and relationships of subrecipients under the grant. Providing clear answers to the following questions will help ensure timely processing of the application.

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified. The City of Los Angeles is receiving the funds. Cubic Transportation Systems is a subrecipient for the UFS project. They are located at 5650 Kearny Mesa Rd. San Diego, CA 92186. For the 11 buses, City of Los